

**CAMDEN COUNTY SCHOOLS
STUDENT DRUG TESTING CONSENT FORM**

It is my desire for _____ (student's name) to be able to participate in one or more of the following voluntary activities or privileges offered by Camden County Schools:

- Interscholastic athletics
- Any other voluntary extracurricular activity (clubs, organizations, etc.)
- On-campus parking privileges

I hereby agree that:

- I have received a copy of the Camden County Board of Education's *Student Drug Testing Policy* {4326} and I have read and understand the policy.
- _____ (student's name) shall be enrolled in Camden County Schools' random drug testing program beginning with this current school year and will remain enrolled in the program throughout his/her tenure with Camden County Schools as long as he/she remains associated with one or more of the three activities above. The above-named student may be drug-tested in accordance with the *Student Drug Testing Policy* at any time during his/her enrollment in Camden County Schools.
- Drug tests of students under the random drug testing program are completely voluntary, and a student will never be forced to undergo a drug test. However, refusal to take a drug test shall result in the same consequences as a positive drug test.
- Drug test results may be released to the student, parent/guardian, the contracted drug test administrator for Camden County Schools, the Medical Review Officer of the contracted administrator, the Superintendent or his designee, and the student's school principal.
- In the event that a drug screening shows positive results, the Medical Review Officer will contact the parent/guardian to explain results.

PLEASE CONTACT THE PARENT/GUARDIAN AT THIS NUMBER: _____

I have read and agree to the conditions indicated above.

Printed Student Name

Student Signature

Printed Parent/Guardian

Name Parent/Guardian Signature

DATE _____

July 29, 2019